



Item No: 25

Meeting Date: Wednesday 20th September 2017

Glasgow City Integration Joint Board

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HEALTH AND SOCIAL CARE PARTNERSHIP QUARTER 1 PERFORMANCE REPORT 2017/18

Purpose of Report:	To present the updated Joint Performance Report for the Health and Social Care Partnership for Quarter 1 of 2017/18.
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Recommendations:	The Integration Joint Board is asked to: a) note the attached performance report for Quarter 1 of 2017/18.
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Relevance to Integration Joint Board Strategic Plan:

The report contributes to the ongoing requirement for the Integration Joint Board to provide scrutiny over HSCP operational performance, as outlined on page 47 of the Strategic Plan.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	HSCP performance activity is mapped against the 9 national health and wellbeing outcomes, ensuring that performance management activity within the Partnership is outcomes focussed.
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Personnel:	None
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Carers:	Operational performance in respect to carers is outlined within the carers section of the attached report.
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Provider Organisations:	None
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Equalities:	No EQIA has been carried out as this report does not represent a new policy, plan, service or strategy.	
Financial:	None	
Legal:	The Integration Joint Board is required by statute to produce an Annual Performance Report within four months of the end of each financial year and to have routine performance management arrangements in place.	
Economic Impact:	None	
Sustainability:	None	
Sustainable Procurement and Article 19:	None	
Risk Implications:	None	
Implications for Glasgow City Council:	The Integration Joint Board's performance framework includes performance indicators previously reported to the Council.	
Implications for NHS Greater Glasgow & Clyde:	The Integration Joint Board's performance framework includes performance indicators previously reported to the Health Board.	
Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	✓
	2. Glasgow City Council	
	3. NHS Greater Glasgow & Clyde	
	4. Glasgow City Council and NHS Greater Glasgow & Clyde	

1. Purpose

- 1.1 The purpose of this report is to present the updated Joint Performance Report for the Health and Social Care Partnership for Quarter 1 2017/18.

2. Background

- 2.1 The Integration Joint Board noted an initial draft performance report on 21st March 2016, which brought together the performance indicators previously produced separately for Health and Social Work, within a single draft Joint Performance Report. This report captured the performance of the Health and Social Care Partnership, in relation to a range of key performance indicators across Health and Social Work Services.

- 2.2 At this meeting, it was suggested that indicators which were too operationally focused and those which are updated annually/biennially were removed from the framework of the Integration Joint Board performance report, which the Board felt should be more strategically focussed.
- 2.3 The first full Joint Performance report was then presented to the Integration Joint Board on the 21 September relating to Q1 2016/17. It was agreed that this would be produced on a quarterly basis going forward and the latest performance report for Quarter 1 of 2017/18 is now attached.
- 2.4 As we moved into 2017/18, service leads were given the opportunity to review the contents of their respective sections of the Finance and Audit Committee and IJB performance reports, in order to ensure ongoing relevance. This has led to some minor changes to the attached IJB report with some indicators removed and others slightly amended. Further work remains to develop dementia indicators and to agree targets for those indicators which do not yet already have targets set. These will be included once finalised and the content of the performance reports will be subject to ongoing review.
- 2.5 In addition to these Integration Joint Board Performance reports, Scottish Government Statutory Guidance makes it clear that Health and Social Care Partnerships are expected to have routine performance management arrangements in place, with regular performance reports produced for internal scrutiny by their respective management teams.
- 2.6 A more detailed Joint Performance report has, therefore, been developed in order to enable scrutiny of operational performance by Health and Social Care Partnership Management Teams and the Finance and Audit Committee. This is similar to the attached Integration Joint Board report, but includes a wider set of more operational performance indicators. It also contains detailed performance data for all indicators and localities, whereas the attached report summarises performance, then provides more detailed information on an exception basis for those indicators which are below target, and those which have changed their RAG (Red/Amber/Green) status in a positive direction.
- 2.7 It should be noted that these reports and performance management processes are one component of the internal scrutiny arrangements which have been put in place across the Health and Social Care Partnership. Other processes have been established to oversee and scrutinise financial and budgetary performance, clinical and care governance, and the data quality improvement regime

2.8 It should also be noted that in addition to these quarterly performance reports, an Annual Performance Report - as required by the Public Bodies (Joint Working) (Scotland) Act 2014 – has now been published and is available on the Partnership website having been approved by the Integration Joint Board on the 21 June 2017.

3. Reporting Format

3.1 In the performance summary section of the attached report, a summary table is provided which for each care group, notes the numbers of indicators which were RED/AMBER/GREEN/GREY over the last two reporting periods and highlights those indicators which have changed status. A second table then lists all of the indicators and provides their current city wide RAG status and their direction of travel since the last reporting period.

3.2 Performance has been classified as GREEN when it is within 2.5% of the target; AMBER between 2.5% and 5% of the target; and RED when performance is 5% or more from the target. Performance has been classified as GREY when there is no current target and/or performance information to classify performance against

3.3 In the main body of the report, for those indicators which are AMBER or RED at a city level, a more detailed analysis including locality information and status; performance trends; improvement actions; and timelines for improvement are provided. There have been no indicators which have changed their RAG status in a positive direction over the period covered by this report.

3.4 For all indicators, their purpose is described, along with an indication of which National Integration Outcome they most closely impact upon, and whether they have been defined at a local, corporate, or national level as outlined below:

- National Integration Indicators (specified nationally by the Scottish Government to provide a basis against which Health and Social Care Partnerships can measure their progress in relation to the National Health and Wellbeing outcomes).
- NHS Local Development Plan Standards/Indicators (specified nationally which replaced the HEAT targets/standards from 2015/16).
- Health Board/Council Indicators (specified by the parent organisations in respect to services which have been devolved to the Partnership)
- Local Health and Social Work Indicators (specified locally by the Partnership)

4. Recommendations

4.1 The Integration Joint Board is asked to:

- a) note the attached performance report for Quarter 1 of 2017/18.



CORPORATE PERFORMANCE REPORT (IJB)

**QUARTER 1
2017/18**





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PERFORMANCE SUMMARY









1. Key to the Report









Outlined below is a key to the classifications used in this report.









Classification		Key to Performance Status	Direction of Travel - Relates to change between the last two quarters or last two reporting periods for which information is available	
	RED	Performance misses target by 5% or more	▲	Improving
	AMBER	Performance misses target by between 2.5% and 4.99%	▶	Maintaining
	GREEN	Performance is within 2.49% of target	▼	Worsening
	GREY	No current target and/or performance information to classify performance against.	N/A	This is shown when no comparable data is available to make trend comparisons

2a. Summary

The table below presents a summary of performance of the measures contained within the body of this Combined Performance Report. It reports changes in RAG rating between the 2 most recent quarters, or where the data is not reported quarterly, the last two reporting periods for which information is available.








CARE GROUPS/AREAS	Quarter 4 RAG Rating				Quarter 1 RAG Rating				Changes in Status Q4 ⇨ Q1
									
Older People (No. and %)	2 40%		3 60%		3 60%		2 40%		Green ⇨ Red 14. Percentage of intermediate care users transferred home
Primary Care (No. and %)			1 100%				1 100%		No changes in status.
Unscheduled Care (No. and %)	1 17%			5 83%	1 17%			5 83%	No changes in status.








CARE GROUPS/AREAS	Quarter 4 RAG Rating				Quarter 1 RAG Rating				Changes in Status Q4 ⇨ Q1
									
Carers (No. and %)			1 100%			1 100%			Revised indicator so no direct changes in status.
Children's Services (No. and %)	1 17%		4 66%	1 17%	1 17%	4 66%	1 17%		No changes in status.
Adult Mental Health (No. and %)			1 33%	2 67%		1 33%	2 67%		No changes in status
Alcohol & Drugs (No. and %)			1 100%			1 100%			No changes in status













CARE GROUPS/AREAS	Quarter 4 RAG Rating				Quarter 1 RAG Rating				Changes in Status Q4 ⇨ Q1
									
Homelessness (No. and %)	2 100%				2 100%				No changes in status
Criminal Justice (No. and %)	1 50%		1 50%		1 50%		1 50%		No changes in status
Health Improvement (No. and %)	2 33%		2 33%	2 33%	3 50%		1 17%	2 33%	Green ⇨ Red 1. Alcohol brief intervention delivery (ABI)
Human Resources (No. and %)	2 100%				2 100%				No changes in status.
Business Processes (No. and %)			4 100%				4 100%		No changes in status.
TOTAL (No. and %)	11 28.2%	0 0%	18 46.1%	10 25.7%	13 33.3%	1 2.6%	15 38.4%	10 25.7%	2 change in status









2b. Performance at a Glance










The table below presents a summary of performance at a city wide level for the performance measures contained within the body of this Combined Performance Report. The main body of the performance report provides locality and trend information and summarises actions being taken to improve performance where relevant.




Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
Older People				
1. Number of community service led Anticipatory Care Plans in Place.	720 for 2017/18	Q4	209 	▲
2. Number of people in supported living services.	650 by year end	Q1	576 	N/A
3. Percentage of service users who receive a reablement service following referral for a home care service.	75%	Cordia P4	75.4% (Hosp)  76.5% (Comm) 	▲ Hospital ▼ Community
4. Total number of Older People Mental Health patients breaching the 72 hour discharge target (including AWI patients).	0	5 Jun 17	20 	▼
5. Intermediate Care: Percentage of users transferred home.	>30%	Jun 17	24% 	▼
Primary Care				
1. Prescribing Costs: Compliance with Formulary Preferred List.	78%	Q1	 79.27%	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
Unscheduled Care				
1. New Accident and Emergency (A&E) attendances for NHS Greater Glasgow and Clyde (NHSGG&C) locations - crude rate per 100,000 population.	Target TBC	Jul 16-Jun 17	2329 	▼
2i. Emergency Admissions – Numbers and Rates/1000 population by month (Aged 65+).	Target TBC	Jun 17	6610/79 (Year to Date) 	▲
2ii. Emergency Admissions – Numbers and Rates/1000 population by month (Aged 65+). (Aged 75+).	Target TBC	Jun 17	4211/36 (Year to Date) 	▲
3. Adults and older people breaching the 72 hour discharge target. (excluding Learning Disability and Mental Health patients).	20	5 Jun 17	45 	▲
4. Total Number of Acute Bed Days Lost to Delayed Discharge (Older People 65+).	Target TBC	Jun 17	2,423 (Year to Date) 	▲
5. Number of Acute Bed Days lost to delayed discharge for Adults with Incapacity (AWI) (Older People 65+).	Target TBC	Jun 17	545 (Year to Date) 	▲
Carers				
1. Number of New Carers identified during the quarter that have gone on to receive a Carers Support Plan or Young Carer Statement.	2,100 per annum	Q1	509 	▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
Children's Services				
1. Percentage of HPAs allocated by Health Visitors within 24 weeks.	95%	May 17	 All areas NE - 96%, NW - 94% S - 94%	All areas 
2. Access to CAMHS services - Longest wait (weeks).	<18 weeks	May 17	99.8% 	
3. Percentage of young people receiving an aftercare service who are known to be in employment, education or training.	75%	Q1	65% 	
4. Number of high cost placements	TBC	12 July 17	104 	
5i. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months.	95%	Q4	93.8% 	
5ii. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years.	95%	Q3	96.4% 	


Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
Adult Mental Health				
1. Psychological Therapies: Percentage of people who started treatment within 18 weeks of referral.	90%	Jul 16 – Sep 16		N/A
2. Primary Care Mental Health Teams – referral to 1 st assessment – percentage within 28 days.	90%	Mar 16		N/A
3. Total number of Adult Mental Health patients breaching the 72 hour discharge target	0	5 Jun 17	3 	▲
Alcohol and Drugs				
1. Percentage of clients commencing alcohol or drug treatment within 3 weeks of referral.	90%	Q4	97% 	▲
Homelessness				
1. Number of households reassessed as homeless or potentially homeless within 12 months.	<480 per annum for 17/18	Q1	136 	▶
2. Number of individual households not accommodated in last month of quarter.	< 150	Q1	164 	▲
Criminal Justice				
1. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence.	80%	Q1	68% 	▲
2. Percentage of Community Payback Orders (CPO) with a Case Management Plan within 20 days.	85%	Q1	98% 	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
Health Improvement				
1. Alcohol Brief Intervention delivery (ABI).	5,066 to Q4	Q1	794 	▲
2. Smoking Quit Rates at 3 months from the 40% most deprived areas.	696 to Q2	Q3 16/17	811 	▲
3. Women smoking in pregnancy – general population	13% for 17/18	Q4 16/17	13.4% 	▼
4. Women smoking in pregnancy – most deprived quintile.	19% for 17/18	Q4 16/17	19.7% 	▼
5. Breastfeeding at 6-8 weeks (Exclusive).	Variable by locality	Q4 16/17	26.5% 	▼
6. Breastfeeding: 6-8 weeks - In deprived population – 15% most deprived data zones (Exclusive).	18.2%	Q4 16/17	19% 	▲
Human Resources				
1. NHS Sickness absence rate (%)	<4%	Jun 17	6.11% 	▼
2. Social Work Sickness Absence Rate (Average Days Lost)	<2.64 ADL (ave days lost) per employee to Q1	Q1	2.6 	▲
Business Processes				
1. Percentage of NHS Complaints responded to within 20 working days.	70%	Q4	95.5% 	▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
2. Percentage of Social Work complaints handled within 15 working days (local deadline)	65%	Q4	64% 	▲
3. Percentage of Social Work complaints handled within 28 calendar days (statutory deadline)	85%	Q4	82% 	▲
4. % of elected member enquiries handled within 10 working days.	80%	Q1	90% 	▼

1. OLDER PEOPLE

























Indicator	2. Number of people in supported living services
Purpose	To monitor the number of people receiving supporting living packages. These are expected to increase over the course of the year in line with the longer term accommodation based strategy. This strategy seeks to shift the balance of care by enabling greater numbers of older people to be supported at home and reduce the numbers going into residential or nursing care.
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	Outcome 2
HSCP Leads	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

Locality	Target	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4
North East	N/A	167			
North West	N/A	190			
South	N/A	221			
Glasgow	650 by year end	576 			
Performance Trend					
New more accurate information systems introduced so figures only shown for Q1 of 2017/18. New adjusted target introduced for 2017/18.					
Actions to Improve Performance					
Action has been taken to optimise opportunities for older individuals to access supported living services, which is involving a variety of stakeholders across several workstreams. For example, an internal working group has been formed to monitor and support the development of supported living services across the city. A strategic redesign of housing support services to align with older people's supported living needs profile and eligibility criteria is also underway. In addition, we are evaluating ICF funded projects with a view to continued support of the supported living services for older people.					
Timeline for Improvement					
Ongoing. It is anticipated that the actions being taken will lead to the achievement of the target for 2017/18 by year end.					

Indicator	4. Total number of Older People Mental Health patients breaching the 72 hour discharge target (including AWI patients).
Purpose	To monitor the extent to which Older Mental Health patients are being unnecessarily delayed in hospital with the aim that these are reduced. The figures shown relate to the dates on which a census has been undertaken. These relate to patients coded to 'G4' - the psychiatry of old age. Figures for patients coded G1 – general psychiatry – are in the adult mental health section later in this report.
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	Outcome 9
HSCP Leads	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (South)

TARGET	AREA	4 Apr 16	9 Jan 17	6 Feb 17	6 Mar 17	3 Apr 17	2 May 17	5 Jun 17
Over 65s Target = 0	NE	5 	4 	3 	2 	2 	1 	2
	NW	14 	4 	7 	5 	5 	6 	6
	South	4 	8 	7 	10 	12 	11 	12
	City	23 	16 	17 	17 	19 	18 	20
Performance Trend								
Numbers vary across localities and over time and have remained RED. Over the last 6 months, South has had the highest number of delays and North East the lowest.								
Actions to Improve Performance								
Our performance in this area remains a concern and revised improvement plans are being developed and implemented as part of the HSCPs transformation and financial efficiency programmes.								
Timeline for Improvement								
Improvements are anticipated by the end of Quarter 2.								

Indicator	5. Percentage of intermediate care users transferred home compared to those transferred to a residential or nursing home.
Purpose	To monitor the destinations of people leaving intermediate care with the aim of increasing the percentages returning home.
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	Outcome 2
HSCP Leads	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

Locality		Targets	Apr 16	Feb 17	Mar 17	Apr 17	May 17	Jun 17
Glasgow	Home	30%	21% 	32% 	29% 	25% 	25% 	24% 
	Res/Nursing	N/A	52%	45%	55%	62%	60%	54%
	Readmissions	N/A	25%	22%	13%	10%	12%	19%
	Deceased	N/A	2%	4%	2%	1%	3%	3%
NE	Home	30%	22% 	33% 	38% 	30% 	30% 	29% 
	Res/Nursing	N/A	39%	40%	52%	59%	60%	59%
	Readmissions	N/A	33%	24%	10%	7%	10%	12%
	Deceased	N/A	6%	4%	0%	0%	0%	0%
NW	Home	30%	21% 	40% 	26% 	22% 	13% 	13% 
	Res/Nursing	N/A	57%	42%	55%	57%	74%	54%
	Readmissions	N/A	21%	13%	13%	17%	13%	25%
	Deceased	N/A	0%	4%	6%	4%	0%	8%
South	Home	30%	21% 	23% 	27% 	22% 	30% 	30% 
	Res/Nursing	N/A	58%	55%	57%	70%	50%	52%
	Readmissions	N/A	21%	18%	17%	7%	13%	19%
	Deceased	N/A	0%	5%	0%	0%	7%	0%

Performance Trend

Variations across localities and over time with the North East and South GREEN in the last reporting period and the North West RED. The city overall has moved from GREEN to RED in the last quarter.

Actions to Improve Performance

We are achieving the target in two localities and although performance in the North West has dipped this year, actions are being taken to improve performance.

Timeline for Improvement

It is expected that the target will be achieved in the NW in the latter half of the year.

UNSCHEDULED CARE

Indicator	3. Total number of adults and older people breaching the 72 hour discharge target
Purpose	To monitor the extent to which adults and older people are being unnecessarily delayed in acute hospital beds, with the aim that these are reduced. The figures shown relate to the dates on which a census has been undertaken and are for a number of patient categories. The target for 2017/18 is to have a maximum of 20 delays over 72 hours at any given time during the year across these categories
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	Outcome 9
HSCP Leads	Stephen Fitzpatrick, Head of Older People Services Jackie Kerr, Head of Operations (North West)

3 April 2017

CATEGORY	NE	NW	S	Total	Target
Over 65s classed as Adults with Incapacity (AWI) (Excluding Learning Disability and Mental Health)	0	2	0	2	N/A
Over 65s (Excluding AWI, Learning Disability and Mental Health)	12	7	5	24	N/A
Under 65s (Excluding Mental Health)	6	9	4	19	N/A
Total				45	20

2 May 2017

CATEGORY	NE	NW	S	Total	Target
Over 65s classed as Adults with Incapacity (AWI) (Excluding Learning Disability and Mental Health)	0	3	1	4	N/A
Over 65s (Excluding AWI, Learning Disability and Mental Health)	2	10	16	28	N/A
Under 65s (Excluding Mental Health)	4	5	4	13	N/A
Total				45	20









5 June 2017

CATEGORY	NE	NW	S	Total	Target
Over 65s classed as Adults with Incapacity (AWI) (Excluding Learning Disability and Mental Health)	1	1	1	3	N/A
Over 65s (Excluding AWI, Learning Disability and Mental Health)	7	4	8	19	N/A
Under 65s (Excluding Mental Health)	3	4	4	11	N/A
Total				33	20

Performance Trend
New target introduced. Numbers vary across localities and over time. The total number of delays fell between May and June but remained above target.
Actions to Improve Performance
Action plans are in place together with robust performance management arrangements to deliver this ambitious target on an ongoing basis.

CARERS SERVICES

Indicator	1. Number of New Carers identified during the quarter that have gone on to receive a Carers Support Plan or Young Carer Statement.
Purpose	To monitor the number of carers being identified and ensure that Glasgow HSCP is complying with Carers (Scotland) Act 2016 requirements.
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	Outcome 6
HSCP Leads	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

Locality	2017/18 Target	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	Year to date
North East	700	112 				112 
North West	700	205 				205 
South	700	192 				192 
Glasgow	2,100 (525 per Quarter)	509 				509 

Performance Trend

North West and South locality (GREEN) met the quarterly target of 175 assessments completed during Q1 with the other localities in the city below target.

Actions to Improve Performance

This is being addressed. Carers Information Strategy funding now in place to support 1 Carers Information worker in each locality, who raise awareness of carer supports across the city to social work, primary care and wider stakeholders, previously there was only one city wide post. Partnership working with Education is also progressing and an additional 2 Young Carers Education workers have been employed to increase awareness in schools. NE sector have been uniquely affected by previous tendering process and work is in hand to address this issue.

Previous stats are likely to be higher than current, based on the fact that historically services counted every carers support plan completed as a new piece of work. In order to comply with Scottish Government the definition has changed to record new carers only.

Timeline for Improvement

Improvements are expected by Q2/3 once new staff have been recruited, settled in posts and locality issues can be addressed.

CHILDREN'S SERVICES

Indicator	3. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training
Purpose	To monitor the proportion of young people receiving an aftercare service who are known to be in employment, education or training. The aim is to increase this percentage to enhance the life opportunities for care leavers.
National/Corporate/Local	HSCP Local Indicator
Integration Outcome	Outcome 4
HSCP Leads	Mike Burns, Head of Strategy (Children's Services) Ann-Marie Rafferty, Head of Operations (North East)

Target	Locality	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2
75%	North East	64% 	61% 	49% 	56% 	65% 	72% 	
75%	North West	64% 	66% 	54% 	52% 	49% 	54% 	
75%	South	75% 	71% 	67% 	66% 	68% 	67% 	
75%	Glasgow	67% 	67% 	57% 	58% 	61% 	65% 	

Performance Trend

City-wide performance has shown improvement over the last 3 quarters. Between year end and Q1 there were significant increases in improvement in North East and North West (although performance in North West (54%) still remains lower. Slippage at Q2 and 3 last year was linked to a change in recording practice which increased the overall number of care leavers recorded. Fewer of these young people had their employability recorded and as a result we saw a reduction in the proportion in positive destinations. At Q1 the percentage of young people who have not had their destination recorded is NE 6%, NW 18%, South 14% giving an overall Glasgow City figure of 12%. These need to continue to improve to allow us to report accurately.

Actions to Improve Performance

Work has been undertaken to review all the young people known to Leaving Care Services. Many of the young people are living outwith Glasgow and owing to the complexities of their circumstances often fail to engage with services. There is some evidence also that care leavers are undertaking positive activities but that this is not being recorded on careFirst 6 (the Social work information system). Work is underway to address this and to ensure arrangements are in place to more accurately record the reasons why some young people are unable to engage with employability and training (such as pregnancy, mental/physical health problems and custody). In the medium to longer term we expect to see improvements in the numbers of young people moving into positive destinations as this is a key objective of our "Transformation Programme" for children's services and our Corporate Parenting Action Plan.

Timeline for Improvement

Localities continue to focus on the 75% target and remain confident that this is achievable and we would expect to see a continuation in performance each quarter.





ADULT MENTAL HEALTH

Indicator	3. Total number of Adult Mental Health patients breaching the 72 hour discharge target
Purpose	To monitor the extent to which Adult Mental Health patients are being unnecessarily delayed in hospital with the aim that these are reduced. The figures shown relate to the dates on which a census has been undertaken. These relate to patients coded to 'G1' - general psychiatry. Figures for patients coded G4 - the psychiatry of old age - are in the older people's section of this report.
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	David Walker, Head of Operations (South)
HSCP Leads	David Walker, Head of Operations (South)







TARGET	AREA	18 Apr 16	4 Jan 17	6 Feb 17	6 Mar 17	3 Apr 17	2 May 17	5 Jun 17
Under 65s Target = 0	NE	3 	5 	3 	2 	2 	2 	0
	NW	5 	5 	4 	4 	6 	3 	0
	South	9 	5 	7 	7 	4 	1 	3
	City	17 	15 	14 	13 	12 	6 	3
Performance Trend								
Numbers vary across localities and over time and have reduced over the last quarter but remain above target.								
Actions to Improve Performance								
The upward trend in adult mental health delayed discharges has been arrested. Recent performance towards the stretch target of zero has seen a major reduction in adult mental health delayed discharges. Prioritising delayed discharges in allocation meetings continues.								
Timeline for Improvement								
This is an on-going area of focus during 2017/18.								

HOMELESSNESS

Target/Ref	1. Number of households reassessed as homeless or potentially homeless within 12 months
Purpose	To monitor the number of new applications made within 12 months of a previous application by the same households being closed (where adults/family circumstances have not changed).
National/ Corporate/ Local	HSCP Local Indicator
Integration Outcome	Outcome 4
HSCP Lead	Eric Steel, Head of Homelessness
























Target	Locality	14/15 Full Year Total	15/16 Full Year Total	16/17 Full Year Total	17/18 Q1
Target revised for 17/18 <300 per annum (16/17) <480 per annum (17/18) (<120 per Q)	City-wide figure only	633 	395 	493 	136 
Performance Trend					
<p>The target for this indicator was amended from <300 to <480 per annum for 2017/18. The number of repeat cases recorded in Q1 remains in excess of the revised quarterly target (RED).</p>					
Actions to Improve Performance					
<p>This target has been revised to reflect increasing challenges upon the service in relation to repeat cases. Teams continue to be monitored in relation to their performance on lost contact cases, and there is a focus on frontline practice in relation to case closure and time taken to make decisions on applications. The pilot approach to complex case review in NW CHT is ongoing.</p>					
Timeline for Improvement					
Improvement against this target is expected in the medium to longer term.					

Target/Ref	2. Number of individual households not accommodated over last month of quarter.
Purpose	This indicator provides information on the number of households recorded in the last month of the quarter which were not provided with emergency or temporary accommodation on assessment at the point of need. This indicator identifies where homelessness services have failed to fulfil their statutory duty to provide temporary accommodation, and is a key area of interest for the Scottish Housing Regulator (SHR) through the voluntary intervention process.
National/Corporate/Local	HSCP Local Indicator
Integration Outcome	Outcome 7
HSCP Lead	Eric Steel, Head of Homelessness

Target	Locality	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1
< 150	City-wide figure only	351 Mar 2016 	225 June 2016 	217 Sept 2016 	91 Dec 2016 	209 Mar 2017 	164 June 2017 
Performance Trend							
At Q1 although the target was not met the number of households recorded reduced significantly, reflecting the improving trend over previous months.							
Actions to Improve Performance							
Teams monitor and record cases on a daily basis, and performance reports are provided on a weekly and monthly basis. The service continues to experience some challenges in relation to provision of temporary and emergency accommodation at point of need. Work is ongoing to ensure that use of available accommodation is maximised. Additional initiatives are being progressed, including provision of a city centre hub, implementation of a Housing First programme, and development of a pilot project offering an alternative approach to delivery of out of hours services.							
Timeline for Improvement							
The service continues to work with a range of partners to minimise the number of households seeking accommodation on a daily basis.							

CRIMINAL JUSTICE

Indicator	1. Percentage of Community Payback Order (CPO) work placements commenced within 7 days of sentence.
Purpose	To monitor whether Community Payback Order unpaid work placements are commencing within at least 7 working days of the order having been made. This indicator remains relevant to reflect the need for speed in response.
National/ Corporate/ Local	Criminal justice national standard and statutory return
Integration Outcome	Outcome 9
HSCP Lead	Sheena Morrison, Head of Public Protection and Quality Assurance

Target	Locality	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1
80%	North East	59% 	62% 	61% 	63% 	63% 	63% 
80%	North West	63% 	73% 	76% 	58% 	70% 	67% 
80%	South	64% 	64% 	65% 	69% 	63% 	75% 
80%	Glasgow	64% 	70% 	67% 	64% 	65% 	68% 

Performance Trend

All localities remain RED at Q1. Performance in the South of the city improved significantly between year end (63%) and Q1 (75%) and were just slightly outwith target at Q1.

Actions to Improve Performance

The increase in level 1 orders which do not require a report has reduced the services ability to ensure that reporting instructions for the offender have been provided prior to court disposal. Improved performance relies on an ability to:-













- Continue to improve business processes
- Scrutinise the increase in Level 1 orders i.e. service users who have not had a Criminal Justice Social Work (CJSW) report completed but are made subject of unpaid work

Timeline for Improvement

This indicator continues to be included in fortnightly performance reports provided to Locality Teams, and monitored at the Criminal Justice core leadership meeting.

HEALTH IMPROVEMENT

Indicator	1. Alcohol brief intervention delivery (ABI)
Purpose	To monitor the extent to which alcohol brief interventions are being delivered within community settings which includes primary care (which should deliver approximately 80%) and other wider settings e.g. dentists, pharmacists, prisons, police custody suites, smoking cessation groups, district nurses and partner agency staff. Alcohol Brief Interventions (ABI) are structured conversations, usually undertaken opportunistically with patients whose alcohol consumption is identified as being above those levels identified by the Chief Medical Officer as low risk.
National/ Corporate/ Local	NHS LDP Standard/Health Board Indicator
Integration Outcome	Outcome 4
HSCP Lead	Fiona Moss, Head of Health Improvement and Inequality

Area	2015/16 End of Year Status	Actual 2016/17	Target 2017/18 (to Q1)	Actual 2017/18
North East Sector		1156 	409	158 
North West Sector		1399 	396	268 
South Sector		739 	461	110 
City Wide (Non sector specific wider settings delivery)		4106	No target	258
Glasgow City HSCP		7400 	1266	794 

Performance Trend

Target met at year end for 2016/17. Performance for first quarter of 2017/18 below target, contributed to by prisons being unable to submit their figures on time and by the on-going reduction in the numbers of interventions being recorded within primary care. The latter is as a result of the nationally driven changes to the primary care reporting regimes which have decoupled the recording of activity from payment.

The city wide figures include activity delivered in localities by partner agency staff but recorded on a city wide basis for contractual purposes, as well those centrally delivered eg by Sandyford.

Actions to Improve Performance

There is continuing dialogue with our colleagues within primary care to look at ways of increasing recording of ABI delivery. We are also working with the Health Board Practice Nurse Support & Development Team and Primary Care Support to look at refresher training and awareness raising sessions for primary care practice nurse staff later in 2017. This will raise the profile of the ABI LDP and importance of data recording within Primary Care.





There is also on-going development of delivery within new settings such as the Fire and Rescue Service. In addition, within Glasgow we have recently awarded a community ABI contract, which went live in July 2017 and was established to deliver enhanced levels of ABIs in community settings over the period to March 2019.

Additionally known missing data sources from the Q1 submission are actively being sought including some of the prisons data – which once available would provide a degree of uplift to the Q1 figures shown.





















Timeline for Improvement

The specific work with Primary Care Practice Nurses will not start until November at the earliest. The period to the end of the Q2 reporting period will be utilised to actively seek missing data and identify further delivery options.

Indicator	2. Smoking Quit Rates at 3 months from the 40% most deprived areas
Purpose	To monitor the extent to which people in receipt of smoke free services are successfully quitting smoking after their intervention. This relates to those in the 40% most deprived quintile and the combined total includes quits from community, acute, maternity, mental health, pharmacy & prisons. Community smoking cessation services deliver services within community settings but also support and contribute to quits within these other wider settings.
National/ Corporate/ Local	NHS LDP Standard/Health Board Indicator
Integration Outcome	Outcome 5
HSCP Lead	Fiona Moss, Head of Health Improvement and Inequality

Area	Target Apr 16 – Dec 16	Actual Apr 16 – Dec 16
North East	393	319 
North West	306	225 
South	345	267 
Glasgow	1044	811 
Performance Trend		
Performance below target. New target for 2016-17 is 51% higher than previous year, with NE, NW and South targets increasing by 38%, 62%, and 48% respectively.		
Actions to Improve Performance		
A city wide review of the community cessation model during 2015-16 identified a number of improvement actions which are continuing to be implemented. These include an enhanced city wide perspective to key work areas and a more consistent approach to service delivery. Community Tobacco teams have recently implemented an agreed model of good practice across the city and have also developed more targeted ways of closer working with GP practices and pharmacies in our most deprived communities.		
Timeline for Improvement		
It is anticipated that improvements will be made during Quarter 4 2016-17. Due to the nature of the target, this will only become visible in later reports.		

Indicator	6. Breastfeeding: 6-8 weeks - In deprived population – 15% most deprived data zones (Exclusive Breastfeeding)
Purpose	To monitor the extent to which women are exclusively breastfeeding at 6-8 weeks within the 15% most deprived areas. The aim is to increase rates given the evidence of health benefits with the most significant gains being seen for babies that only receive breast milk in the first few weeks of life, although there are still health gains for babies that receive some breast milk (mixed feeding).
National/ Corporate/ Local	HSCP Local Indicator
Integration Outcome	Outcome 5
HSCP Lead	Fiona Moss, Head of Health Improvement and Inequality

TARGET	AREA	Apr 15 - Mar 16	Jul 15 - Jun 16	Oct 15 - Sep 16	Jan 16- Dec 16	Apr 16 - Mar 17
19.5%	NE	15.0% 	15.9% 	16.6% 	16.3% 	17.9% 
23.9%	NW	21.2% 	20.9% 	20.6% 	18.3% 	19.7% 
22.8%	S	18.1% 	19.8% 	20.6% 	21% 	19.7% 
21.6%	HSCP	18.2% 	18.2% 	19% 	18.4% 	19.0% 

Performance Trend

Variations exist across areas with differential targets in place which were increased for all areas for 2016/17. Performance RED for the HSCP and all area at Q4. Glasgow City and Greater Glasgow and Clyde have, however, seen an upward trend in overall breastfeeding rates recently, which are not being mirrored in other parts of Scotland.

Actions to Improve Performance


































The best practices to promote breastfeeding are supported through the implementation of the UNICEF Baby Friendly standards, which organisations are assessed against in order to receive accreditation. These standards were updated in 2012 to ensure current best practice and organisations have embedded these new standards within their training programmes and reassessed against them. During 2016, each locality within Glasgow HSCP was reassessed on the new standards and successfully reaccredited with UNICEF Baby Friendly accreditation. Localities within HSCP can consider progression to the Unicef Gold Award by further embedding the standards within practice. In addition to UNICEF, Breastfeeding Public Acceptability programmes, Breastfeeding Welcome Award and Breastfeeding Friendly Nurseries are being implemented across Glasgow. This work aims to increase knowledge and acceptability of breastfeeding within communities across Glasgow with a focus on our local neighbourhood areas. Eight Breastfeeding support groups are delivered weekly with delivery focussed on SIMD 1 and 2.

Timeline for Improvement

The programmes of work delivered support the long term process of change to increase breastfeeding rates. Local work continues to respond to the findings of the ongoing quarterly audit process and the Board's annual training and development programme is in place. A cycle of reaccreditation and training updates are delivered on an ongoing basis. To maintain Breastfeeding Public acceptability programmes work to enable increased capacity of the delivery of these programmes such as manager training is being rolled out and online training is being considered as a method of updating staff. There are ongoing challenges with increased referrals to the specialist breastfeeding clinics.

HUMAN RESOURCES

Indicator	1. NHS Sickness absence rate
Purpose	To monitor the level of sickness absence across NHS Services. Lower sickness absence levels are desirable for service delivery and efficiency. The NHS target is for sickness levels to be at 4% or below.
National/ Corporate/ Local	NHS LDP Standard/Health Board Indicator
Integration Outcome	Outcome 1
HSCP Lead	Sybil Canavan, Head of HR

HSCP	Mar-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
HSCP Central	5.5%	7.86% 	7.41% 	7.24% 	8.6% 	7.89% 	8.29% 
North East	5.8% 	6.91% 	7.24% 	6.51% 	5.32% 	6.64% 	5.56% 
North West	6.0% 	7.17% 	7.19% 	6.68% 	6.45% 	6.58% 	7.44% 
South	7.8% 	5.75% 	5.18% 	6.26% 	5.19% 	6.09% 	6.33% 
Mental Health Central	3.3% 	1.51% 	2.21% 	3.36% 	4.73% 	2.48% 	N/A
Glasgow City	6.3%	6.47%	6.20%	6.19%	5.64%	6.65%	6.11%
Target	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%

Performance Trend

Variations across areas and over time. Performance remains RED across all areas with exception of mental health central which remains GREEN.

Actions to Improve Performance

The absence levels for the HSCP have historically remained above the national target. The current action plan to support managers in reducing absence include the following:-

- People & Change Managers continue to support Senior Management Teams at locality level with provision of absence statistics, assisting in identifying patterns and trends to inform management actions and focused intervention where required.
- Through engagement with senior managers at locality SMTs, People & Change Managers continue to support local managers in accurate recording of absence on SSTs to correctly identify reasons for absence and to provide local reports as required. Detailed information is also provided on bank use within clinical service areas, ensuring there is an understanding of the rationale for and level of bank usage in place.

- Historically, inpatient service areas have areas of high absence and all HSCPs are being asked to provide a more focussed approach to absence management for these service areas. This has already been a focus for Glasgow City and currently we are running a schedule of training primarily aimed at in patient service areas. Further discussion is planned with Heads of Service collectively to review existing practice, return to work arrangements for staff, a focus on health promotion and scoping of reasonable adjustment arrangements for those returning to work after long periods of absence.

Timeline for Improvement

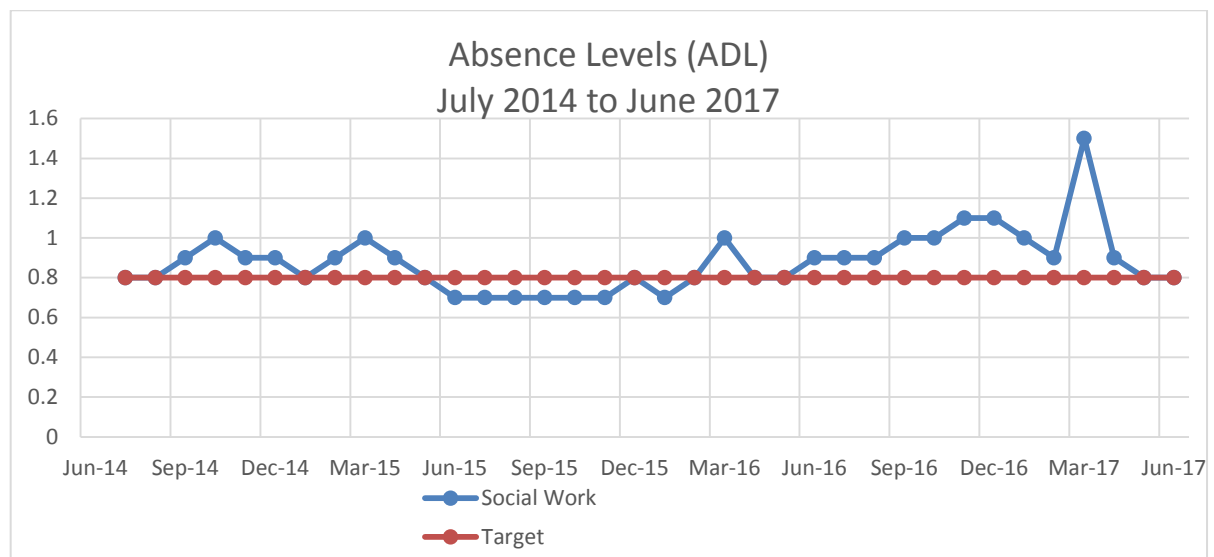
Focus continues on absence management across the HSCP with planned dialogue with the H R support unit to identify further specific resource to support absence management processes on an ongoing basis following completion of training processes currently underway.
Levels of absence are showing a downward trend, but further work in the short term will continue to focus on inpatient areas across the HSCP

Indicator	2. Social Work Sickness Absence Rate
Purpose	To monitor the level of sickness absence across Social Work Services. Lower sickness absence levels are desirable for service delivery and efficiency. The Social Work target is for sickness levels to be below target.
National/Corporate/Local	HSCP Local Indicator
Integration Outcome	Outcome 1
HSCP Lead	Christina Heuston, Head of Corporate Services

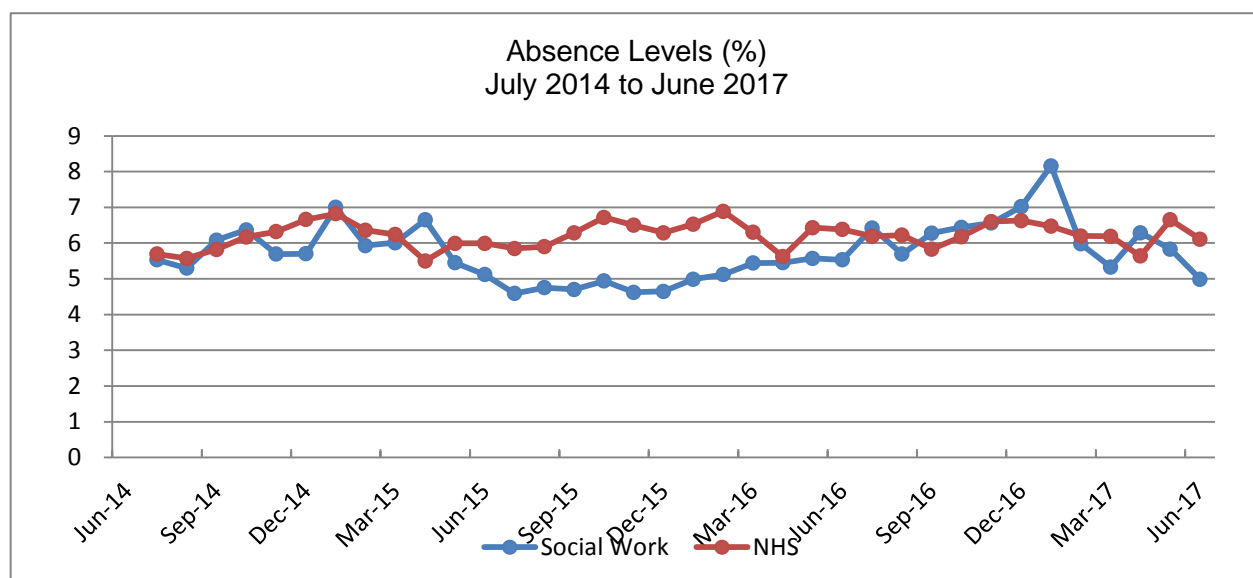
Social Work absence rates are measured on average days lost (ADL) per employee rather than a percentage figure as this reflects a more accurate position.

	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1
Average Days Lost (ADL)	Target 2.64	Target 2.53	Target 2.45	Target 2.58	Target 2.64	Target 2.53	Target 2.45
North East	2.1	3.1	3.7	3.3	2.6	3.4	1.9
North West	2.6	2.7	2.2	2.2	3.5	2.8	3.2
South	2.3	3.2	2.4	3.1	4.0	3.9	2.6
Glasgow City	2.4	2.6	2.5	2.8	3.3	2.7	2.6

Below shows the Social Work trend using the average days lost calculator.



Below shows percentage absence trends for both Social Work and Health.



Performance Trend

Q1 confirms the downward trend in absence levels following a rising trend last year from Q1 to Q3. The downward trend is due to reduced long term and short term absence. Long term sickness days lost has reduced by 18%, with short term sickness days lost reducing further by 32% compared to Quarter 1 in 2016/17.

Actions to Improve Performance

HR Resources continue to focus on employees and areas of significantly high absence levels, reducing the duration of long term absences, supporting managers with early intervention and support plans to facilitate returns to work quickly and coaching managers to take action early in order to prevent unnecessary delays in the attendance management process.

Discussions continue with the Council's Occupational Health Service to look at a joint approach in developing a Musculoskeletal Programme for identified employees, in order to impact positively on the number of days lost due to back pain and other musculoskeletal reasons.

Recommendations highlighted within the Corporate Attendance Management Audit Report resulted in work being done on the Wellbeing and Attendance pages of Connect, therefore, communications have been developed and will be circulated to managers on a regular basis. These communications will now signpost managers to a suite of information relating to wellbeing and attendance for both managers and employees, including training and video tutorials to help managers navigate to reports on My Portal much easier or to make referrals to Occupational Health.

Timeline for Improvement

Monitoring of levels continues and it is expected that current levels are generally maintained for the rest of the year albeit there will be an expected increase over winter.